Naval Service Medical News (NSMN) (96-08)
29 February 1996

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:

HEADLINE: ROOSEVELT Sailors to Test Eyeglass Options

BUMED Washington (NSMN) -- Most everyone's heard the old joke about the military's automatic birth control method -- government-issued eyeglass frames. From 1973 to 1987, it was the Buddy Holly-style square black frames, which ironically are now in vogue. Since '87, it's been a lovely tortoise shell number, referred to in the trade as S-9. It's not that military optometrists want to make service members look bad, it's that they have to balance durability, cost and other considerations in selecting "the frames" to issue.

Navy Surgeon General VADM Harold M. Koenig, MC, wants to emphasize style and appearance. "Our people need eyeglasses that are practical and cosmetically acceptable," said Koenig. "That way, the eyeglasses will be used by those who need them and not stashed away in the bottom of a drawer."

Toward that end, Sailors aboard USS THEODORE ROOSEVELT (CVN 71) are participating in a test of possible eyeglass options. This week a team from the Naval Ophthalmic Support and Training Activity (NOSTRA) in Yorktown, VA, went aboard ROOSEVELT to fit those who had a current eyeglass prescription with a new pair of glasses. Sailors chose from among the current military frames, including those used by aviators and submariners, and an Air Force prototype flight frame.

This first phase could take a couple of days, or it could take all week. But the folks at NOSTRA will do whatever it takes to offer ROOSEVELT Sailors a pair of glasses they'll want to wear.

Story by Mrs. Liz Lavallee, Bureau of Medicine and Surgery

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HEADLINE: One-Stop Shopping for Physical Exams

BUMED Washington (NSMN) -- Serving an average of 600 patients a month, 7,000 patients a year, Branch Medical Clinic Jacksonville, FL, has laid the foundation to make routine physical exams truly one-stop shopping.

"One-stop physicals are better for the patient because they don't have to leave work two or three days to complete their physical," said CAPT Sid Sewell, the senior medical officer at the clinic.

Patients don't want to go back to the hospital or clinic multiple times in order to complete a routine physical exam, explained Sewell. Physical exams are being conducted by a primary care physician who is available for follow-up visits. Patients may return to see the same doctor who performed the initial exam, establishing a long term doctor-patient relationship.

"One-stop physicals are less time-consuming, saves our time, providers' time, and the patients' time and it reduces the time the patient has to be away from work," said HM3 Laurie Wallace. Other military treatment facilities where Wallace has been stationed offered two-day physicals where patients would complete the lab work on one day, and return another day to see the doctor.

"One-stop physicals definitely work better," said Wallace. "Even though it's quicker, same-day physicals don't reduce the quality of care."

One-stop physicals are simply a matter of setting up an appointment with the clinic. Patients arrive in the morning for their appointment, a corpsmen explains the physical exam process and gives the patients time to fill out and sign all the necessary forms. The morning session is used to get the patient's medical history, vital statistics -- such as temperature, blood pressure and weight, as well as a vision and hearing test. Urinalysis, blood work, X-ray, EKG and a dental exam are also included in the comprehensive physical exam.

After all the preliminaries are completed, the patients then see their doctor. Although some patients get through the preliminary screening and in to see their doctor before lunch, most will be seen in the afternoon. Because a pelvic examination is included in the overall examination for female patients, they spend approximately 20 minutes longer at the clinic than their male counterparts. There are some cases when a patient may need to return to the clinic for a follow-up visit, such as when blood work returns revealing high cholesterol or blood sugar.

The clinic in Jacksonville not only provides care for the air station, but also active duty beneficiaries across the state, the surrounding areas of Gainesville and Tallahassee, and Naval Academy and ROTC applicants.

Story by Ms. Ann Kirby, Bureau of Medicine and Surgery

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HEADLINE: USNH Roosevelt Roads Takes Sick Call to the Deckplates

USNH Roosevelt Roads, PR (NSMN) -- Morning Sick Call. The mere words bring many questions to our Sailors and their supervisors. Questions such as: What exactly is wrong? Will there be a long wait at the hospital? Will the Sailor lose work hours once placed "Sick In Quarters" or on "Light Duty"? What will be the direct impact on the command's work schedule? Answers to these questions can significantly affect our fleet command's productivity and mission accomplishment.

With these questions in mind, U.S. Naval Hospital Roosevelt Roads has introduced a dynamic alternative for medical care that should prove valuable to the base active duty community. Designed to improve upon access to health care services for active duty personnel at the deckplate level, U.S. Naval Hospital Roosevelt Roads has initiated an innovative "Sick Call Screener Program." The program puts highly trained Navy corpsmen at designated sites throughout the Naval Station, taking their prized clinical skills to the patient.

The Sick Call Screener Program kicked off successfully on 13 February. Ten hospital corpsmen were chosen from among 32 applicants who volunteered to staff three initial sites on the base. Initially, two corpsmen will stand duty at each of the three sites weekdays from 0700-0800.

The program ensures that military members with minor aliments are seen quickly. Corpsmen will make their initial assessment, document their diagnosis in medical records, and then return the member to their command when warranted. Independent Duty Corpsmen (IDCs) are assigned to assist the Sick Call Screener with diagnosis or treatment as necessary. If a patient requires extensive treatment, he or she will be referred to a hospital staff physician.

Story by LCDR Karen A. DiRenzo, NC, U.S. Naval Hospital Roosevelt Roads

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HEADLINE: DUINS Students Find a Home at NMCL Annapolis

NMCL Annapolis, MD (NSMN) -- Naval Medical Clinic Annapolis recently hosted its second quarterly meeting for all Duty Under Instruction (DUINS) students attached to the clinic. For administrative purposes, all Medical Department students attending school in the Washington, Baltimore or Annapolis area are assigned to Naval Medical Clinic Annapolis.

The clinic's commanding officer, CAPT Tom Sizemore III, MC, established the quarterly meetings to provide a sense of belonging to the students. "Too often, students are left out of the loop during this time," he said. "We want them to remain informed about current activities and trends in Navy medicine and to know we are available to assist them with their concerns."

The clinic used this meeting to brief students on the TRICARE program and its impact on them as providers and patients. Students also receive monthly newsletters and are provided internet access and email accounts to keep them informed.

Story submitted by Karen Coffman, Naval Medical Clinic Annapolis

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HEADLINE: Navy Medical Department's SOY Field Narrowed to Three

BUMED Washington (NSMN) -- In a message released 23 February, Navy Surgeon General VADM Harold M. Koenig, MC, announced the finalists for the Navy Medical Department's Sailor of the Year.

Congratulations and good luck to:

-- DT1 Gregory Storch, Naval School of Dental Assisting and Technology, San Diego;

-- HM1 Norman Watson, Naval Ophthalmic Support and Training Activity, Yorktown, VA; and

-- HM1 Michael Bish, Navy Environmental and Preventive Medicine Unit-6, Pearl Harbor.

The department's Sailor of the Year, scheduled to be announced next week, will advance to the Chief of Naval Operations' Navy-wide 1996 Shore Sailor of the Year competition.

"Selection of the three finalists was most difficult," said Koenig. "Each nominee represented their command as a superb ambassador for Navy medicine and the Navy."

In addition to the three finalists listed above, nominees were:

-- HM1 Wanda Smith, Naval Alcohol Rehabilitation Center Norfolk, VA;

-- HM1 Donald Bradberry, Naval Hospital Corps School Great Lakes, IL;

-- HM1 Richard Angulo, Naval School of Health Sciences San Diego;

-- HM1 Fe McGuffey, Naval Medical Research Institute Bethesda, MD;

-- SK1 Perry Hockless, Fleet Operations and Training Command Camp Pendleton, CA;

-- HM1 Sean Christopher, Healthcare Support Office Jacksonville, FL;

-- HM1 Michelle Jennejahn, Naval School of Health Sciences Portsmouth, VA;

-- MM1 Darryl Richey, Naval Alcohol Rehabilitation Center San Diego;

-- PR1 Tynesia Cortez, Naval Aerospace and Operational Medical Institute Pensacola, FL;

-- HM1 Thomas Dowsland, Naval Medical Logistics Command Fort Detrick, MD;

-- HM2 Laura Amodeo, Bureau of Medicine and Surgery Washington, DC;

-- HM2 Gregory Garretson, Naval School of Health Sciences Bethesda; and

-- HM2 James Holley, Naval Medical Information Management Center Bethesda.

"Congratulations and best wishes to all nominees," said Koenig. "I am confident each of you will continue to succeed throughout your naval career. Bravo Zulu."

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HEADLINE: Congratulations to New MC and MSC APC Selectees

CNO Washington (NSMN) -- A NAVADMIN message sent by Chief of Naval Personnel VADM Skip Bowman on 26 February announced the

results of the February 1996 Acquisition Professional Community (APC) selection board. Among the 66 officers selected were three from the Navy Medical Department: CAPT William Miller, MC, and CDR C. Glenn Armstrong, MSC, of Naval Air Systems Command's Crew Systems Department; and CDR William Roberts, MSC, of BUMED's Logistics Division.

The APC is the Navy's acquisition corps, created in response to the Defense Acquisition Workforce Improvement Act (DAWIA) of 1990. Only APC members may fill critical acquisition billets.

Officers selected for APC membership receive the additional qualification designator of APM, indicating APC membership, and are qualified to fill critical acquisition billets, which include some O5 and all O6 and senior acquisition billets.

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HEADLINE: RK and PRK ... What's the Story?

BUMED Washington (NSMN) -- RK, radial keratotomy, and PRK, photorefractive keratectomy, are two refractive surgery procedures that change the shape of the eye's cornea in an effort to correct nearsightedness. PRK uses a laser to reshape the entire surface of the cornea and was recently approved by the FDA. RK uses incisions to correct the cornea's shape and has been a popular procedure in the United States since the 1980s.

If you're active duty Navy and are considering either procedure, you need to know that it is prohibited for personnel in diving or aviation occupations. Navy personnel also would be ineligible for any military compensation should they suffer a visual disability after refractive surgery performed by a civilian physician outside of the military medical system.

The chances of something "going wrong" are slim, however. Both procedures have a success rate of 97 to 99 percent, said CDR John Varga, MC, an ophthalmologist at the Navy's Bureau of Medicine and Surgery and its action officer for RK/PRK issues. "'Successful' is defined as 20/40 or better, not 20/20," said Varga. "Only 50 to 60 percent will get 20/20, and some patients would not be satisfied with less."

The cost, between $500 and $2,000 per eye, is sometimes a deterrent, since it is not covered by most insurance companies, including CHAMPUS. You also need to consider the healing process for PRK, which can sometimes mean not regaining "good" visual acuity for one to three months.

So, if you're still interested, what's the next step? The best answer is, "talk it over with your ophthalmologist," advised Varga.

EDITORS NOTE: A longer version of this story ran in the Naval Media Center's Navy Wire Service B of 26 February.

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HEADLINE: Look Ma, No Paper

NMC San Diego (NSMN) -- In their ongoing quest to put the customer first and provide quicker, easier access to clinic appointments, officials at Naval Medical Center San Diego said they recently took a giant leap into the technology of the future when they made their first electronically transmitted

consultation referral.

In the past, scheduling a specialty clinic appointment at NMC San Diego was a time consuming and confusing process. First, the referring medical officer at one of the area's military clinics had to fill out a Form 513 Consultation Request. Then someone had to hand deliver or mail the form to the specialty clinic, where it had to be logged in and processed. And once the appointment was scheduled, both doctor and patient had to be notified. If a consult request was lost or misplaced, it had to be rewritten by the physician and the process started all over.

According to Fleet Liaison Officer CDR James Bloom, "This system will enable us to provide instant service to the fleet. Where it used to take days or even weeks for a consult to be scheduled, it can now be done in the blink of an eye with the stroke of a key."

Bloom explained that a newly activated module with the Composite Health Care System, or CHCS, has made this service available. CHCS is a medical computer network that links all San Diego area military medical treatment facilities.

Officials say that speed of scheduling appointments is not the only plus in this system -- it also notifies the referring physician of the appointment date and time, and automatically tracks whether or not the patient is able to keep the appointment.

Story by Ms. Pat Kelly, Naval Medical Center San Diego

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HEADLINE: African-American Officer Heads Branch Medical Clinic

BMC Norfolk Naval Shipyard, VA (NSMN) -- "Half the fun in obtaining your goals is the road you travel to get there," said LCDR Reginald B. McNeil, MSC. McNeil, the first African-American Officer in Charge of Branch Medical Clinic Norfolk Naval Shipyard, is proof positive of his own maxim: He has served as a field corpsman with the Marines, a physician assistant and chief warrant officer, and a commissioned officer in the Medical Service Corps.

McNeil has worked in nearly every field of Navy medicine since joining the Navy in 1970 and now leads one of the Navy's busiest occupational health clinics.

McNeil initially received training to be an X-ray technician. He quickly began his professional diversification effort, completing training as an Independent Duty Corpsman and a field medicine technician.

In 1980, McNeil completed the Navy Physician Assistant Program, becoming a certified physician assistant and earning the rank of chief warrant officer two. In 1987, he received his commission in the Medical Service Corps. Along the way, he also earned a Master of Business Administration degree from the University of San Francisco.

McNeil's diverse 25-year career is an inspiring one. His secret? "Reach for the stars and let not the limitation imposed on you by others prevent you from reaching your goals."

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HEADLINE: TRICARE Questions and Answers

BUMED Washington (NSMN) -- As TRICARE comes on line across the country, beginning last year and expected to be available throughout the United States by May 1997, questions about this Department of Defense managed health care program come up. Each week, the Naval Service Medical News will include "TRICARE Questions and Answers" to answer them.

Q: If I enroll in TRICARE prime, does that mean that my whole family has to enroll?

A: Not all family members are required to enroll in TRICARE Prime. However, we encourage all eligible family members to enroll in TRICARE Prime for continuity of care.

Q: Are there restrictions on enrolling in Prime when you have a family member who is in poor health?

A: No.

If you have questions about TRICARE you'd like answered in this column, please contact the editor (see last paragraph of this message on ways to do so).

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HEADLINE: HEALTHWATCH: Skier's Thumb

NAVHOSP Jacksonville, FL (NSMN) -- Skiing can be loads of fun. Nothing quite beats the exhilaration of cool crisp air, downhill speed, and challenging trails. Ski poles help with balance and acceleration. Unfortunately, they can also cause a common injury: Skier's Thumb.

Skier's Thumb is an injury of the ulnar collateral ligament of the metacarpophalangeal (MCP) joint. More simply stated, the tissue on the index finger-side of the large thumb "knuckle" rips. This ripping can be partial or complete. It can also involve a portion of the bone.

Another name for this injury is "Gamekeeper's thumb." Historically, the British small game keepers would dispatch the rabbits and chickens by holding the animal's neck between the thumb and index finger and quickly snap the neck. This mechanism had the same result on the ulnar collateral ligament, but it was usually a more gradual tearing of this thumb ligament than with a skiing accident. As you can imagine, most skiing accidents are not gradual.

How are Skier's or Gamekeeper's Thumb injuries diagnosed? The patient has a painful, swollen thumb at the MCP joint that can usually be localized to the area ripped. Most times, the far end of the ligament pulls off the base of the Proximal Phalanx. About 50 percent (or more) of the time, the ligament gets caught above a fibrous layer called the adductor aponeurosis and will never heal effectively. This is called a "Stener Lesion" and heals best with surgery to put the ligament back where it belongs.

If the joint is stable after the injury, four weeks of thumb

spica immobilization are usually adequate to allow healing. If the joint is not stable, it gaps or moves out of position with stress. In these instances, surgery is the treatment of choice.

Surgery done early can involve ligament repair and pinning. Surgery done late may also require using a portion of a tendon from the wrist to rebuild or reconstruct this vital ulnar collateral ligament.

In conclusion, avoid Skier's Thumb injuries by learning how to fall, learning how to let go of the ski poles, avoiding bad weather, and correctly estimating one's skiing ability. Happy skiing!

Story by LCDR Jack Michalski, MC, Naval Hospital Jacksonville, Orthopaedic Surgeon

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3. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

HEADLINE: Lewis E. Angelo Professional Symposium '96 Announced

BUMED Washington (NSMN) -- The Rear Admiral Lewis E. Angelo Professional Symposium (LEAPS) '96 will be held 10-14 March in conjunction with the 1996 American College of Healthcare Executives (ACHE) Congress on Healthcare Management and 62nd Convocation ceremony at the Chicago Hyatt Regency.

LEAPS '96 is dedicated to Mr. Zachary Fisher, who has done so much to assist the military and improve its members' quality of life. He will receive an Honorary Fellowship from ACHE at the Convocation ceremony on Sunday, 10 March.

Guest speakers for LEAPS include Navy Surgeon General VADM Harold M. Koenig, MC; Assistant Secretary of the Navy for Manpower and Reserve Affairs Dr. Bernard D. Rostker; and the Joint Chief of Staff's Deputy Director for Medical Readiness MG L.M. Burger, USA. The symposium spaces will also have displays from MSC Mentors and Specialty Leaders. The LEAPS Resource Center will offer a "one-stop shopping" location for participants to register for LEAPS, see their detailer, Navy Medical Service Corps community career planner, education specialist, specialty leaders and senior Medical Department officers.

For information about the ACHE congress, call (312) 424-2800. For information about LEAPS '96, call LT Larry L. Picard, MSC, at DSN 762-3054 or (202) 762-3054.

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HEADLINE: National Video Teleconference on Sudden Death

HFA Washington (NSMN) -- On Wednesday, 17 April, from 1330-1600 Eastern time, the Hospice Foundation of America will host its third annual national teleconference, "Living with Grief: After Sudden Loss."

Military family service centers, medical facilities, chaplains, social workers, emergency and casualty assistance personnel and other interested caregivers are invited to

participate in this live-via-satellite video teleconference on grief and bereavement issues involved with sudden and traumatic death.

This professional education program is being provided free of charge as a public service. The teleconference will be moderated again this year by Cokie Roberts of ABC News and will feature a distinguished panel of experts who will respond to live call-in questions from the viewing audience. More than 1,500 community-based organizations across the United States and Canada will be serving as local downlink sites.

Military installations wanting information on how to participate in the teleconference should contact the Hospice Foundation of America, 2001 S St. NW, Suite 300, Washington, DC 20009; (202) 638-5419.

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